

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1005  
Registrar's No. 367

FILED FEB 10 1951

|  |  |   |  |   |  |   |  |
|--|--|---|--|---|--|---|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <u>149</u>   |  | PRIMARY REG. DIST. NO. <u>1002</u>  |  | Registrar's No. <u>367</u>  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>JACKSON</u>  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>   |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>  |  |   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>   |  |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MENORAH HOSPITAL</u>  |  |   |  | d. STREET ADDRESS (If rural, give location) <u>7516 Olive</u>   |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)   |  | a. (First) <u>William</u>   |  | b. (Middle) <u>ALFRED</u>   |  | c. (Last) <u>ASHCRAFT</u>   |  |
| 5. SEX <u>MALE</u>   |  | 6. COLOR OR RACE <u>WHITE</u>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>   |  | 8. DATE OF BIRTH <u>APRIL-2-1902</u>                                    |  |
| 9. AGE (In years last birthday) <u>48</u>  |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>OWNER</u> |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>GIFT SHOP</u>  |  | 11. BIRTHPLACE (State or foreign country) <u>ATCHISON KANSAS</u>        |  |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>   |  | 13a. FATHER'S NAME <u>WILLIAM C ASHCRAFT</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>ELIZA JANE SAGGS</u>   |  | 14. NAME OF HUSBAND OR WIFE <u>MRS DOROTHY M. ASHCRAFT</u>              |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>  |  | 16. SOCIAL SECURITY NO. <u>496-07-4078</u>  |  | 17. INFORMANT'S SIGNATURE OR NAME <u>MRS DOROTHY M. ASHCRAFT</u> ADDRESS <u>2516 OLIVE ST. KANSAS CITY MO</u>   |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.                          |  |   |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute purulent bronchitis, severe</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute virus infection</u><br>DUE TO (c) <u>malignant Nephronclerosis</u><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |   |  |
| 19a. DATE OF OPERATION   |  |   |  | 19b. MAJOR FINDINGS OF OPERATION  |  |   |  |
| 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   |  |   |  |   |  |   |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)   |  |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR?  |  |   |  |
| 22. I hereby certify that I attended the deceased from <u>Nov. 1950</u> , to <u>Jan 23, 1951</u> , that I last saw the deceased alive on <u>1/23, 1951</u> , and that death occurred at <u>8:29 P.M.</u> , from the causes and on the date stated above. |  |   |  |   |  |   |  |
| 23a. SIGNATURE OF REGISTRAR <u>Walter P. Jacob M.D.</u>  |  |   |  | 23b. ADDRESS <u>310 Bryant Bldg</u>   |  | 23c. DATE SIGNED <u>1/24/51</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>  |  | 24b. DATE <u>JAN. 26 1951</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK CEMETERY</u>  |  | 24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY KANSAS</u> |  |
| DATE REC'D BY LOCAL REG. <u>1-26-51</u>  |  | REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>D.H. Newcomb</u> ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO</u>  |  |   |  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....

*Edward M. Storey*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4452

P. O. Address K.C. 4 mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.